

Work Order ID 106775

September-11-13 11:40:55 AM

106775

Page 1

Item ID: 646.9811

Revision ID:

Item Name: Upper Deflector

Start Date: 9/11/13

Start Qty: 4.00

4

Required Date: 9/11/13

Req'd Qty: 4.00

4

Reference:

Approvals:

Process Plan: PH

Date: 10/16

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

NR1

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

646.9800

~~A~~ A DF8

100

13/09/16

0.00

100

BAND SAW

0.00

Bandsaw

Memo

Jeaspa Bandsaw

Cut Blank at 32.700"

*** ONE BLANK MAKES TWO PARTS***

110

0.00

110

HAAS CNC VERTICAL MACHINING #1

0.00

HAAS 1

Memo

HAAS CNC vertical machine #1

1-Machine per folio FB131

DWG REV: A

FOLIO REV: AA

2- deburr and break all sharp edges

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Other <input type="checkbox"/></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			Engineering <input type="checkbox"/>			Quality <input type="checkbox"/>			Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>																					
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>																					
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>																					
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		Engineering <input type="checkbox"/>																					
		Quality <input type="checkbox"/>																					
		Other <input type="checkbox"/>																					

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 106775

106775

Page 4

Work Order ID 106775

106775

Page 2

September-11-13 11:40:55 AM

Item ID: 646.9811

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Upper Deflector

Start Date: 9/11/13

Start Qty: 4.00

4

Cust Item ID:

Required Date: 9/11/13

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

13/09/28

4

0

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

b.a 13/10/02

4

0

DAS
08
9-89

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG :

2/1603

1- Black Anodize as per Dwg 646.9800

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

CZ 13/10/04 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

September-11-13 11:40:55 AM

Page 1

Work Order ID: 106775

Parent Item: 646.9811

Parent Item Name: Upper Deflector

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 12/09/10 JFS VERIFY BY DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X0.375 7075-T6 BAR 5.000" X 0.375"		Purchased	No			100	f	81.8297	1.36	5.7263156			

Location

Loc Qty

Loc Code

MAT049

81.8297

123218

27.4357

123418

2.464

m126390

5

m126615

46.93

5.73

only 13/09/24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
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		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03828

SHEET 1 OF 8

DWG NO. 646.9800

REV: NC

PREPARED BY: B. PETERS

DATE: 03/19/13

EFFECT ON DWG
☒ INC. ☐ UNINC.

DWG TITLE: DEFLECTOR

APPROVED BY:

ENGR

MFG

QC

EFF:

NEXT ORDER

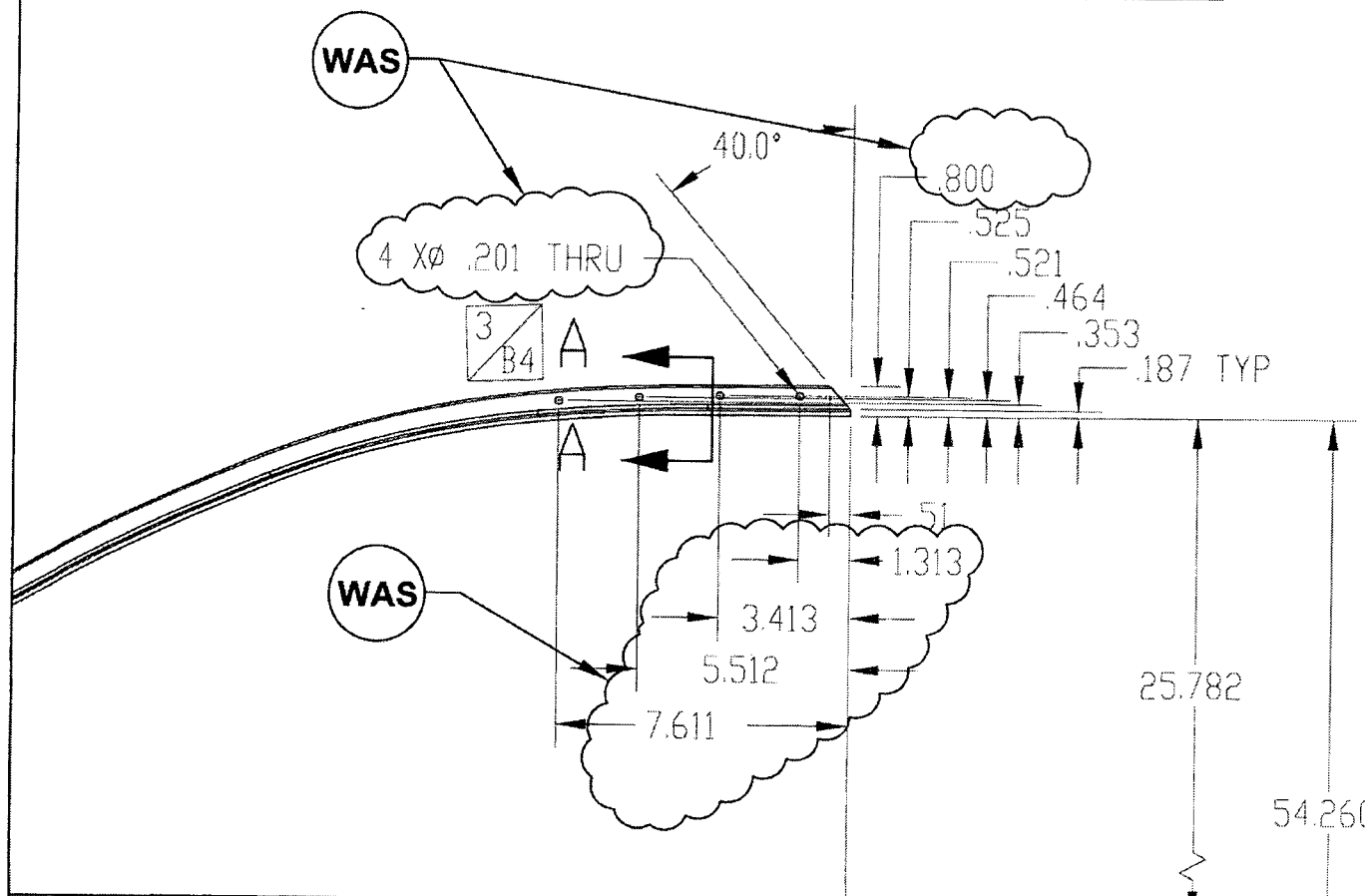
TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

REASON: REVISED CORNER RADIUS, TOLERANCES, AND ADDED INSPECTION DIMENSIONS.

ECR:

D-13-029

SHEET 1, ZONE A5-A6 & B5-B6 WAS:



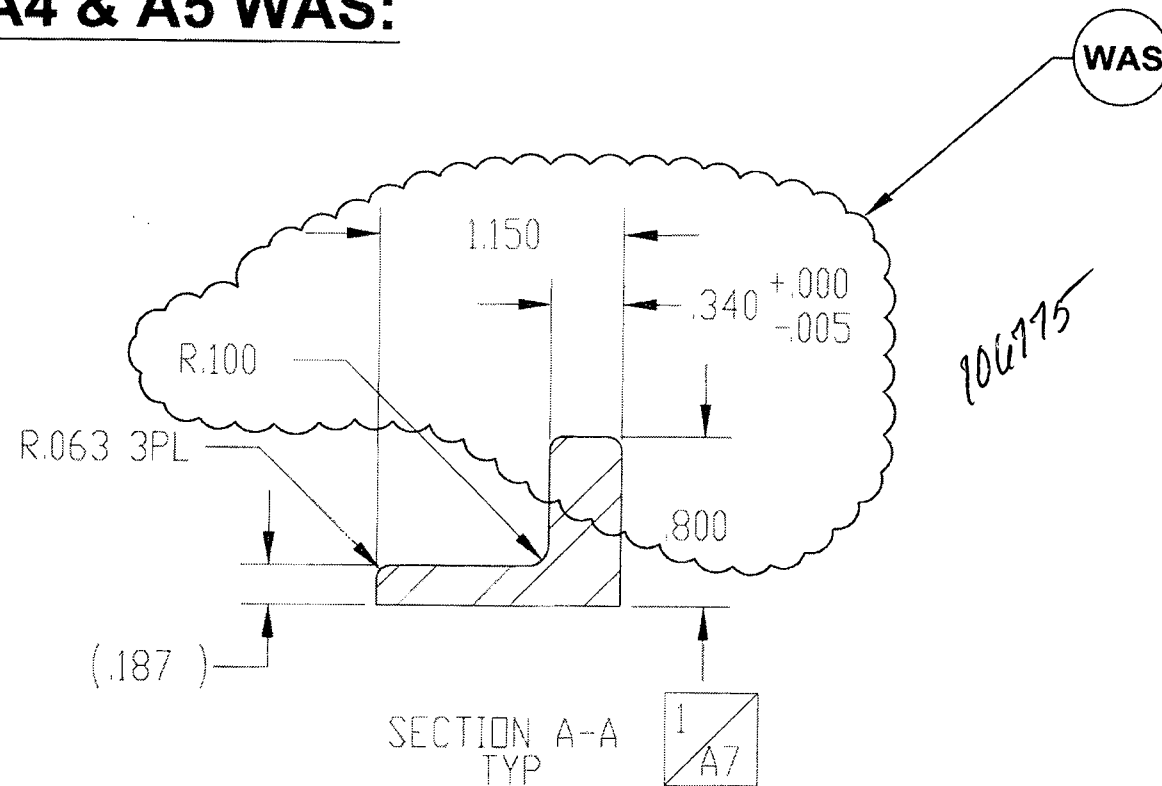
106775
PLB-0916

DOCUMENTS EFFECTED:

☐ MDL ☐ INSTALL INSTRU ☐ ICA ☐ BOM

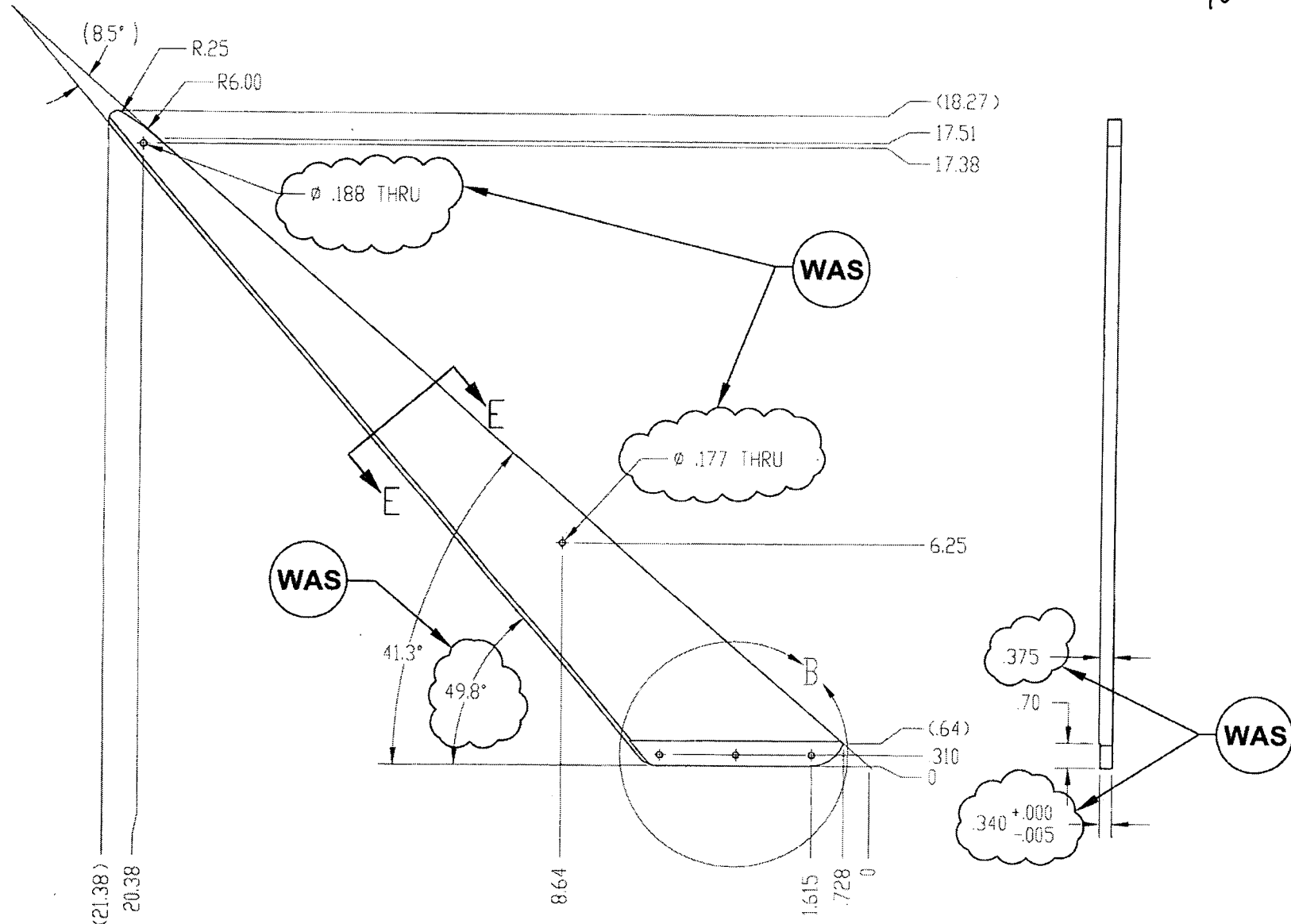
CHANGE CATEGORY
☐ MAJOR ☒ MINOR

DER REVIEW REQUIRED
☐ YES ☒ NO

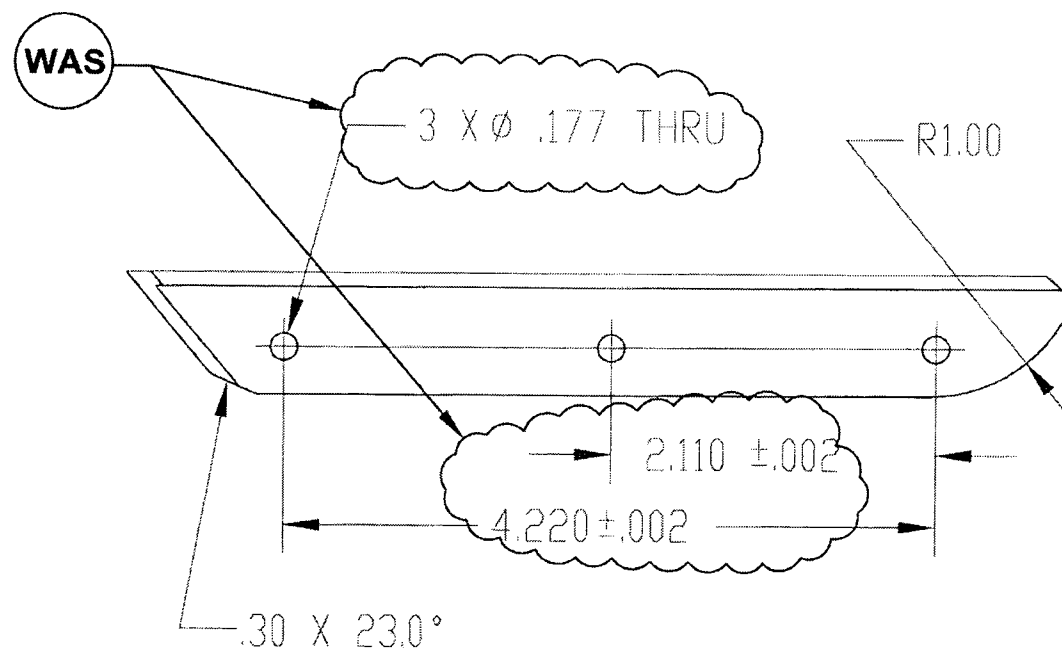
SHEET 3, ZONE A4 & A5 WAS:

SHEET 4, WAS:

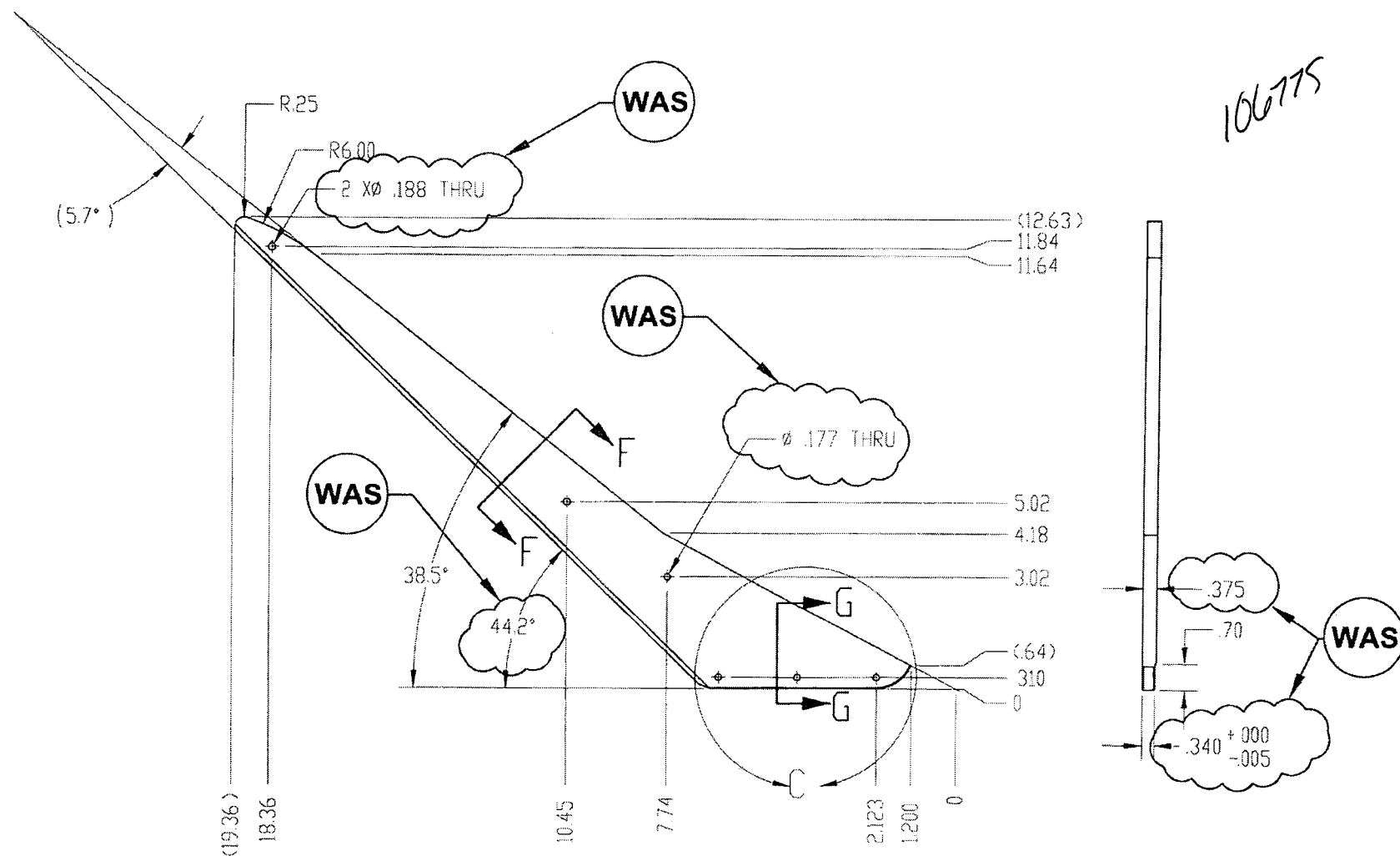
106775

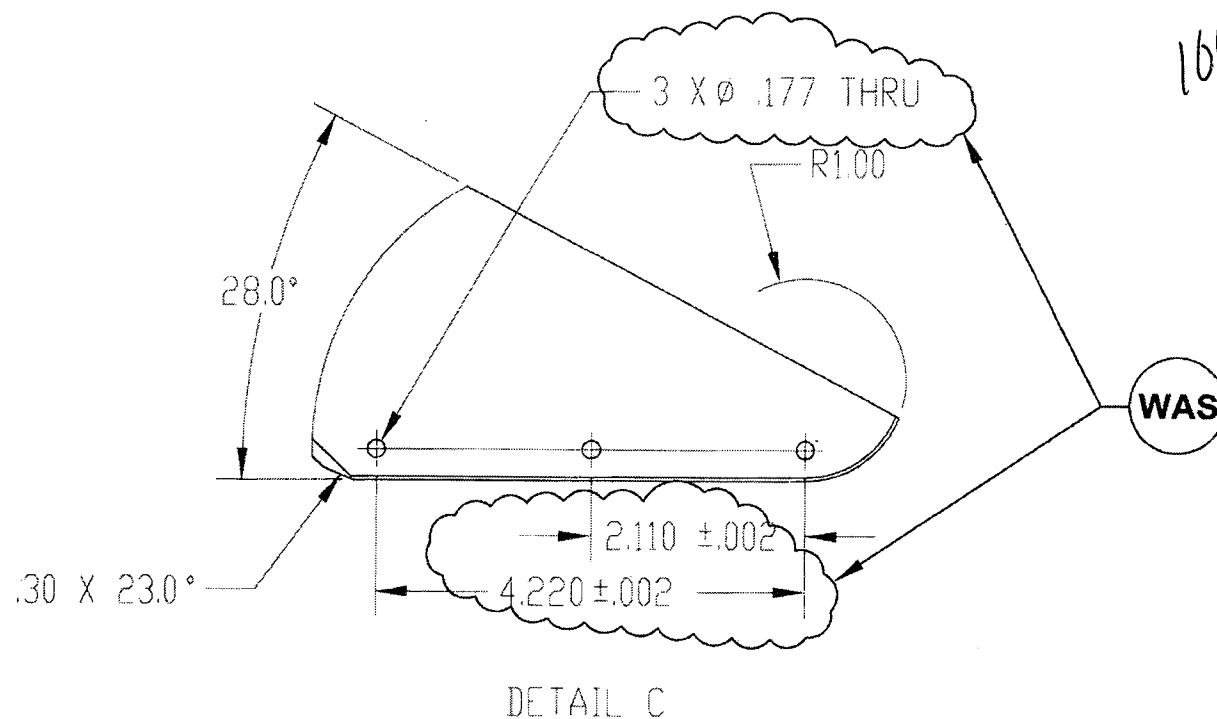


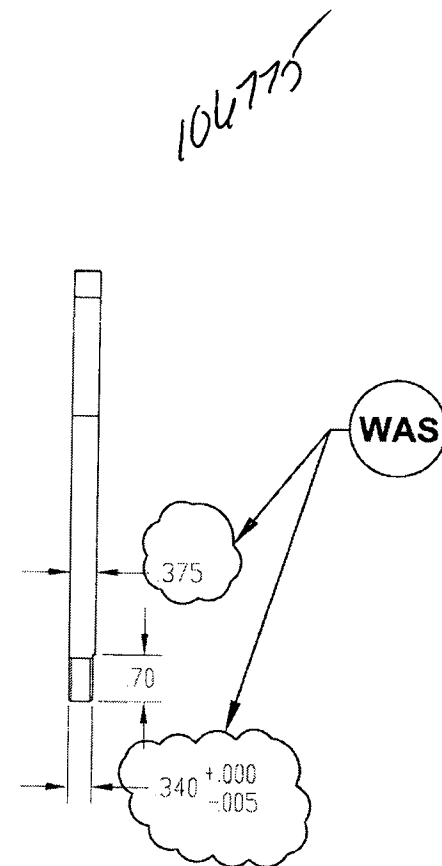
SHEET 4, ZONE C7 & C8 WAS:

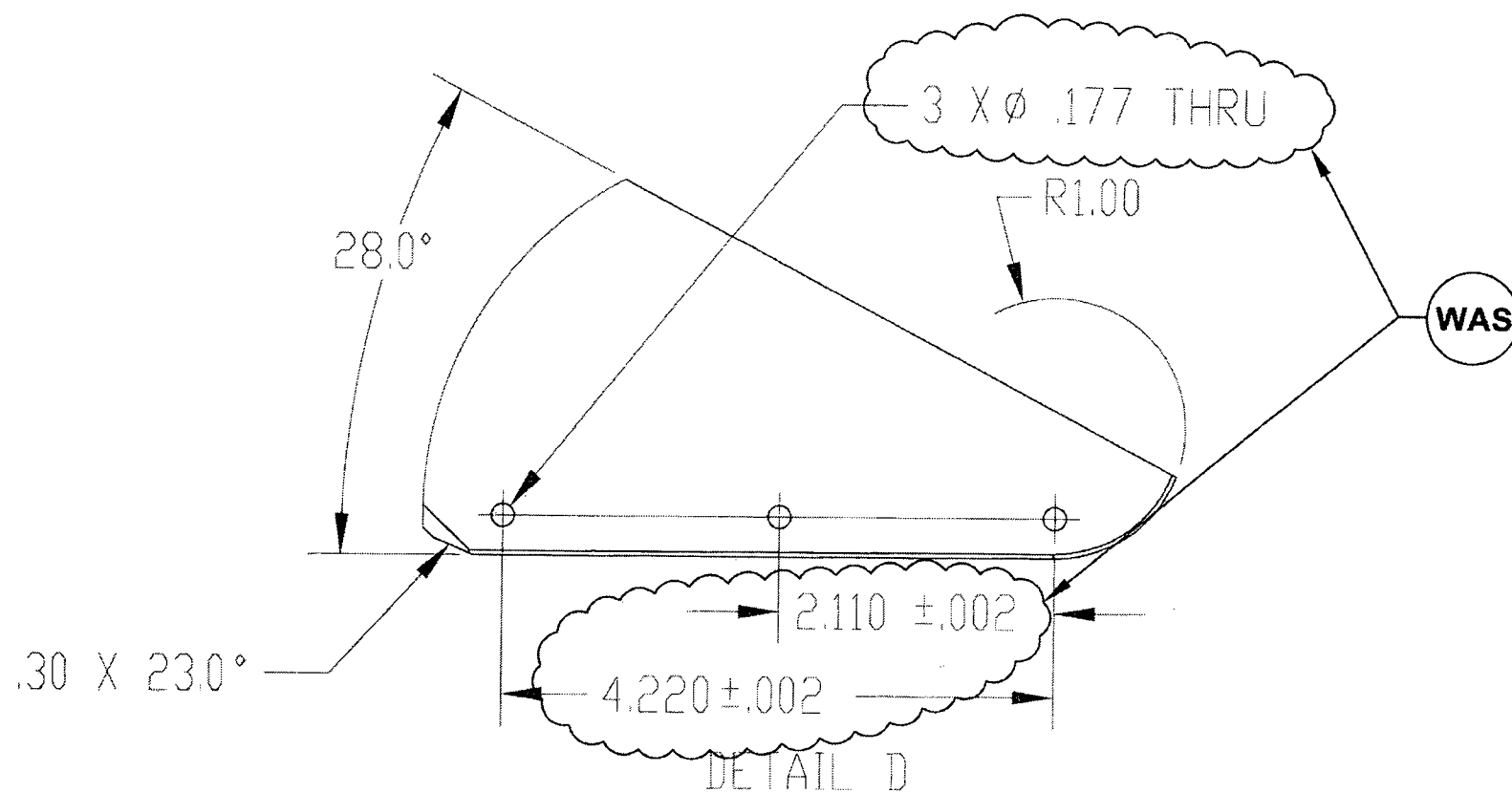


DETAIL B

SHEET 5, WAS:

SHEET 5, ZONE C8, D7, & D8 WAS:



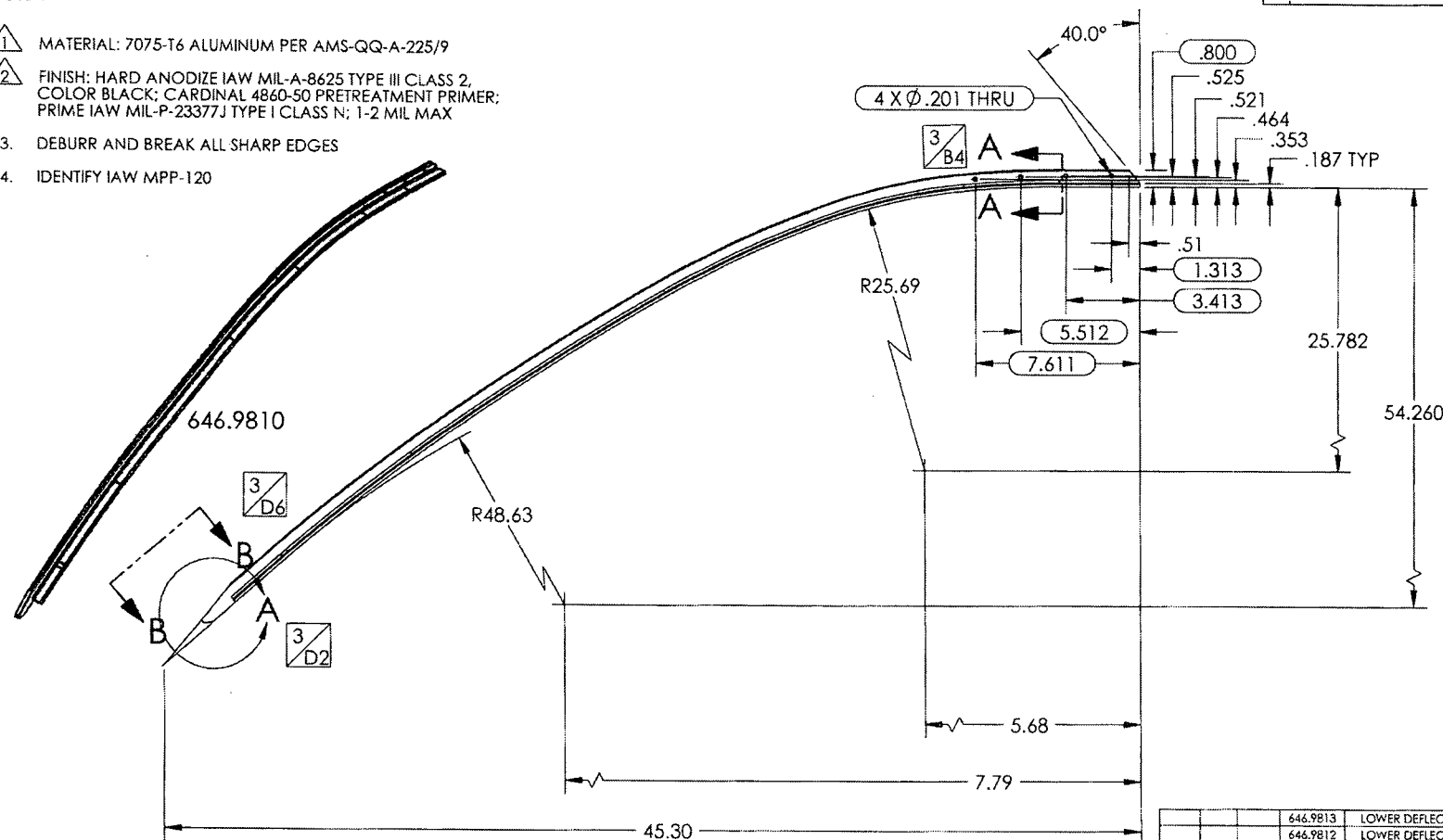
SHEET 6, ZONE C6 & D6 WAS:

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NOTES:

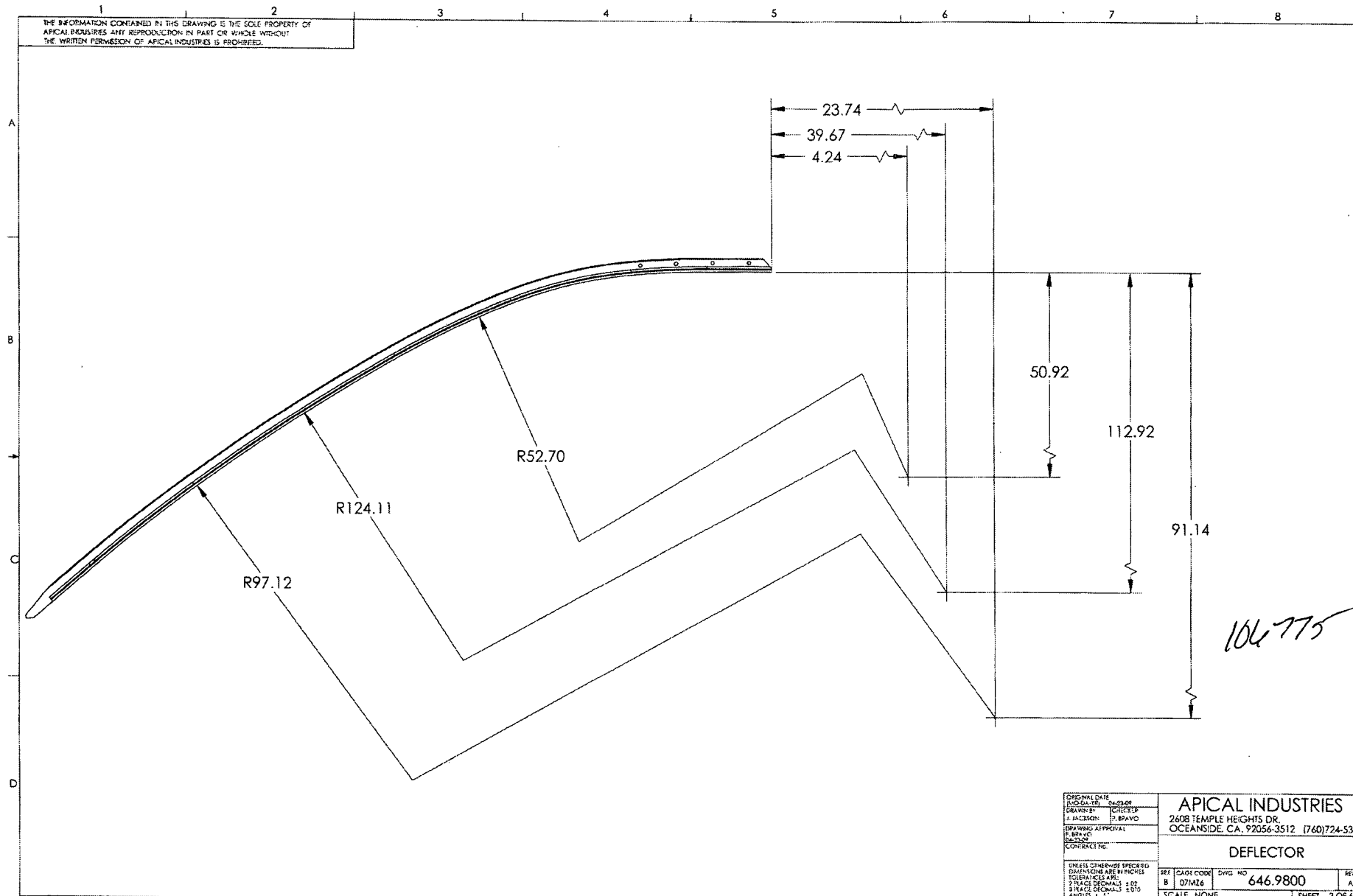
- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
1	INITIAL RELEASE	04/25/00	P. BRAVO
2	INCORPORATED CHANGES	03/15/13	P. BRAVO



646.9813	LOWER DEFLECTOR LOW	△	△
646.9812	LOWER DEFLECTOR HIGH	△	△
646.9811	UPPER DEFLECTOR	△	△
646.9810	DEFLECTOR	△	△
FIND #	PART NO.	DESCRIPTION	MATL SPEC
PARTS LIST			
QTY	DESCRIPTION	DATE	BY
NEXT ASSY (S)	646.9500	04/25/00	P. BRAVO
APICAL INDUSTRIES			
2608 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA. 92056-3512 (760)724-5300			
DEFLECTOR			
UNLESS OTHERWISE SPECIFIED	SIZE	CAGE CODE	DWG. NO.
DIMENSIONS ARE IN INCHES	B	07M26	646.9800
3 PLACE DECIMALS ± .003	SCALE	NONE	SHEET 1 OF 6
3 PLACE DECIMALS ± .010			
ANGLES ± .5°			

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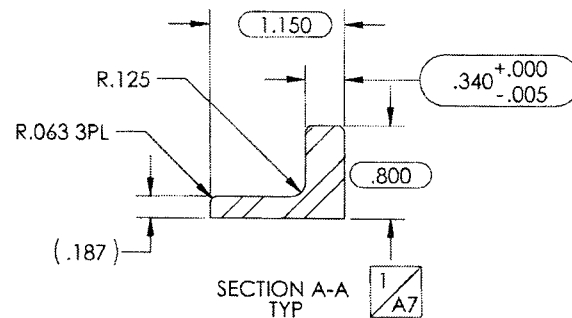


ORIGINAL DATE 10/01/18	DESIGN J. JACKSON	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWN BY J. JACKSON	CHECKED BY D. BRAYO		
DRAWING APPROVAL J. BRAYO			
CONTRACT NO. 106.775		DEFLECTOR	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ± .010 ANGLES ± .5°			
REF B	CAGE CODE 071416	DWG NO 646.9800	REV A
SCALE: NONE		SHEET 2 OF 6	

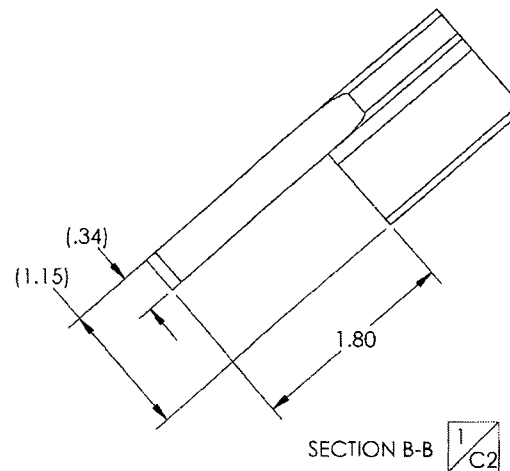
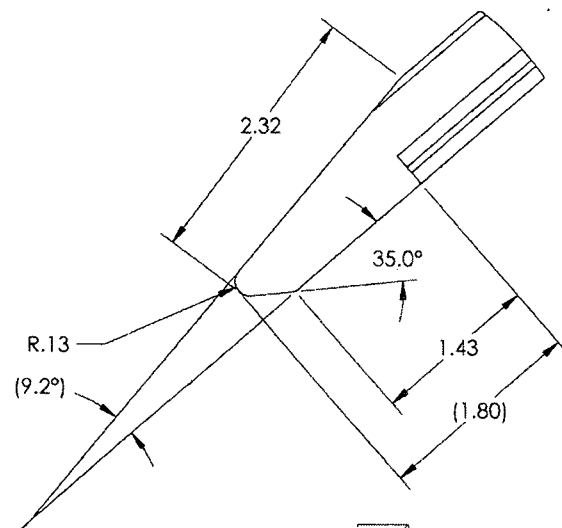
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

DEFLECTOR

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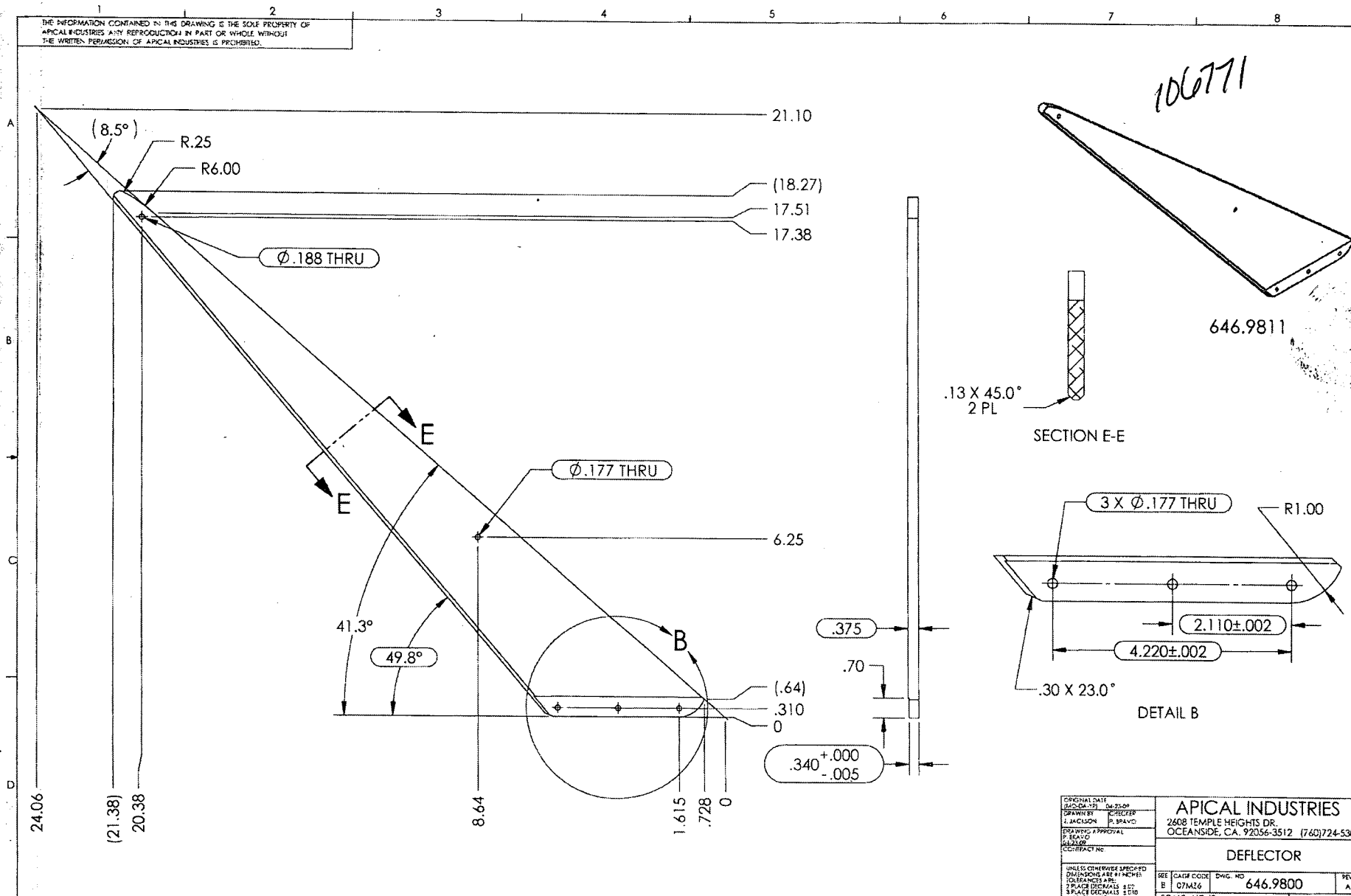


186771
PL 13-09-14



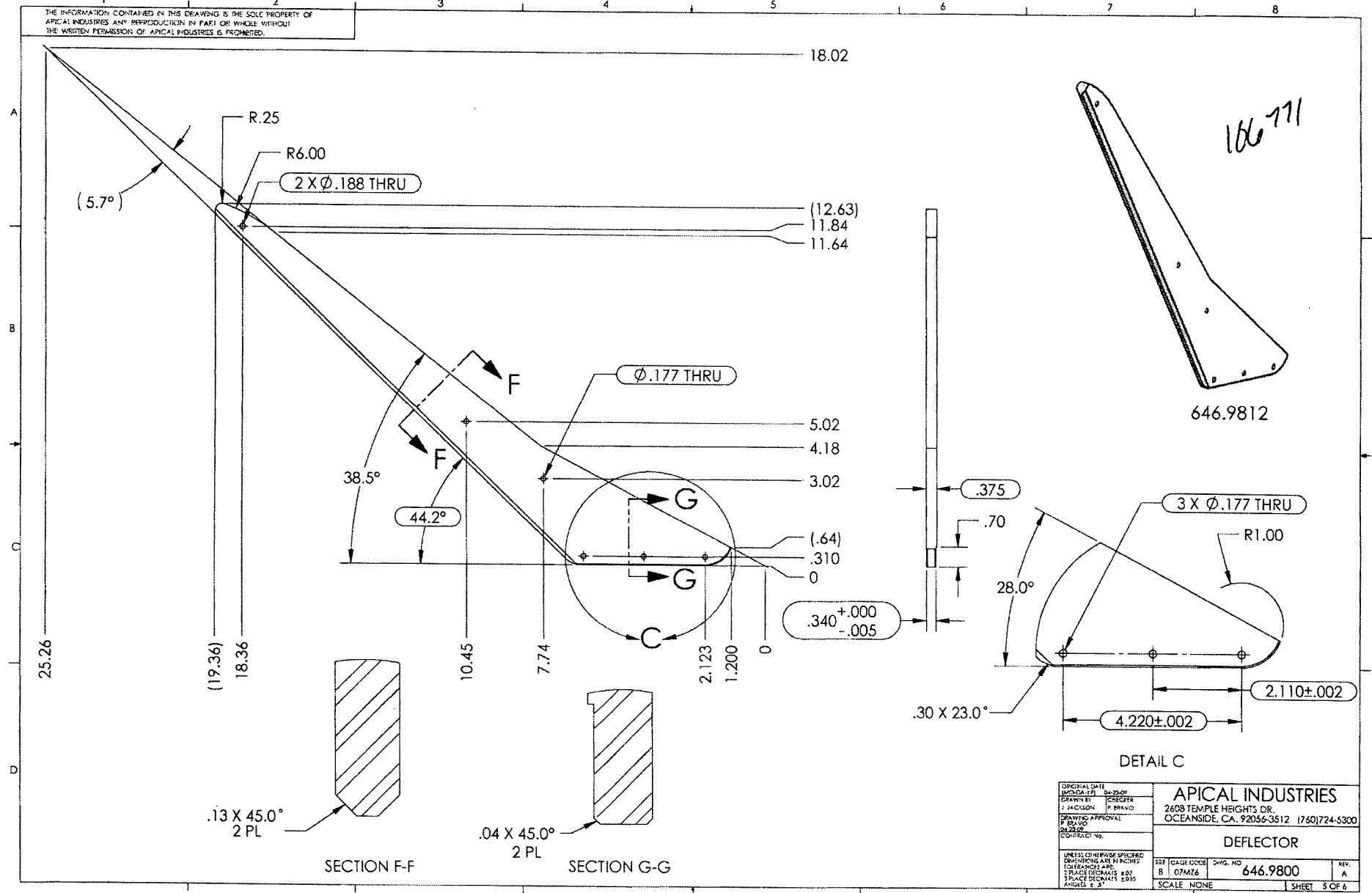
ORIGINAL DATE AND-DRAWN 04-29-07		APICAL INDUSTRIES	
DESIGNED BY: J. JACKSON		2608 TEMPLE HEIGHTS DR.	
DRAWING APPROVAL: P. BRAVO		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CONTRACT NO.		DEFLECTOR	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMAL ±.01 3 PLACE DECIMAL ±.005 ANGLES ±.5°		REV. A	REV. A
PRE B	CAGE CODE 07M26	DWG NO. 646.9800	SCALE: NONE
		SHEET 3 OF 6	

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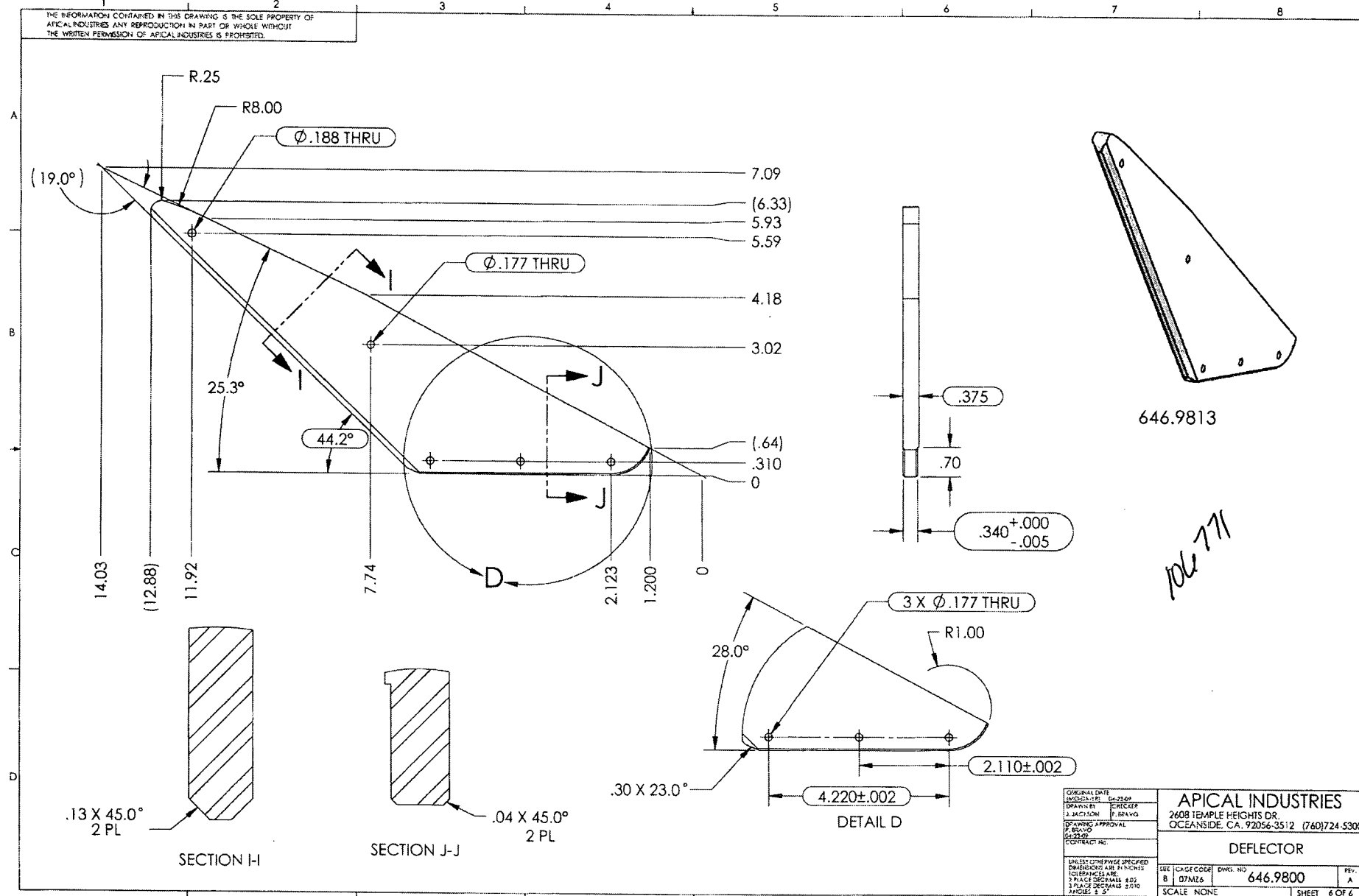
ORIGINAL DATE 04-25-04		APICAL INDUSTRIES	
DRAWN BY J. JACOBSON		2608 TEMPLE HEIGHTS DR.	
DESIGNED BY P. BRAYO		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DESIGN APPROVAL P. BRAYO		646.9800	
CONTRACT NO.		SCALE NONE	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS SIZES ANGLES ± 5°		REV. A	SHEET 4 OF 6

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



ORIGINAL DATE (MM-DD-YY) 04-29-09 DRAWN BY: J. JACKSON CHECKED BY: P. BRAND DRAWING APPROVAL: P. BRAND DATE: 04-29-09 CONTRACT NO.:		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS ±.015 DECIMALS ±.005 ANGLES ±.5°		SEE PAGE CODE B 07MT6	DWG. NO. 646.9800
SCALE NONE		REV. A	SHEET 5 OF 6

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ORIGINAL DATE REVISED DATE		APICAL INDUSTRIES	
DRAWN BY	CHECKED	2608 TEMPLE HEIGHTS DR.	
DESIGNED BY	APPROVED	OCEANSIDE, CA. 92056-3512 (760)724-5300	
DATE	DATE	DEFLECTOR	
CONTRACT NO.		646.9800	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.005 ANGLES ± 5°		REV.	REV.
REV.	DATE	REV.	DATE
B	07/26/6	A	
SCALE NONE		SHEET 6 OF 6	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62703

Date: 25-Oct-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 5 PCS 646.2910 (48.00) 12 PCS 646.3610 (6.60) 31 PCS 646.3812 (6.55) 8 PCS 646.9811 (27.25) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130669 Rev:	PO: 21603 Line:	
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 25/10/13			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			